



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E368547**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	14-02635
LOCAL AGENCY CODING	0663
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	10	21	2014	TIME (2400)	1444	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	
SR 9 NE	BLOCK NO.	<input checked="" type="checkbox"/>	700
MILE POST			

DISTANCE	1000	MILES	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	SR 204
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4257607867
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LAST NAME	PEOU	FIRST NAME	JORDAN	MIDDLE INITIAL	V
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STREET NEW ADDRESS	9226 1 ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	PEOU*JV050U7	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03	27	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	19ZFB2F50EE270766
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	HOND	MODEL	CIVIC	STYLE	4D	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	MARINA SUGIMOTO 9226 1 ST SE LAKE STEVENS WA 98258 D: 4257602667
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976666315
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E368547**

CASE # **14-02635**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 10/21/2014 at approximately 1454 hours, the driver of Unit 2 reported he was involved in a hit and run collision. The collision occurred in SR 9 NE in the City of Lake Stevens. Unit 2 was travelling southbound in the outside lane of travel. A white van, Unit 1, was travelling in the inside lane of travel. Unit 1 unexpectedly veered to the right to enter the right turn off ramp onto SR 204. As Unit 1 entered Unit 2's lane of travel it struck the left front bumper of Unit 2 causing damage. The driver of Unit 2 did not stop and provide information as required by law.

Unit 2 was driven from the scene and the driver was uninjured. Unit 1 was not identified.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

10-27-14 08:15 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

10/27/2014 8:41:09 PM

BADGE OR ID # **120**

ORI # **WA0311900**

TIME POLICE DISPATCHED **2:59 PM**

TIME POLICE ARRIVED **3:16 PM**

NOT OBSERVED

LAKE STEVENS POLICE DEPARTMENT

FIELD INCIDENT REPORT

CASE NUMBER 14-02635															
DATA	INCIDENT CLASSIFICATION HIT AND RUN - ATTENDED (NON-INJURY)					ADDRESS / LOCATION OF INCIDENT 700 blk, SR 9 NE, LKS					PREMISES TYPE / NAME State Route				
	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO						
	MONTH 10	DAY 21	YEAR 2014	TIME 1454	MONTH 10	DAY 21	YEAR 2014	TIME 1444	MONTH 10	DAY 21	YEAR 2014	TIME 1538			
REPORTING PARTY	ADDL ON SUPP. <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK.		
	NO. V1	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Peou, Jordan, V.				RACE A	ETH	SEX M	DOB 32795	HGT 504	WGT 115	HAIR Blk	EYES Bro	
	STREET ADDRESS 9226 1 st ST SE					CITY Lake Stevens			STATE WA	ZIP 98258		OCCUPATION/SCHOOL			
	RESIDENCE PHONE				BUSINESS PHONE				CELL PHONE 425-760-7867			SOCIAL SECURITY NUMBER			
PROPERTY	ITEM #		<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION							MODEL #		COLOR	
	QTY		SERIAL #		ARTICLE/TYPE									EST. VALUE	
	ITEM #		<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION							MODEL #		COLOR	
	QTY		SERIAL #		ARTICLE/TYPE									EST. VALUE	
PERSON / SUSPECT	PERSON LISTED IS: <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER										IF RUNAWAY/MISSING OFFICER IS REQUESTING A WACIC/NCIC <input type="checkbox"/> ENTRY <input type="checkbox"/> LOCATE <input type="checkbox"/> CLEAR				
	NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES	
	ALIAS NAME(S)					IDENTIFIERS (SCARS, MARKS OR TATTOOS)									
	STREET ADDRESS					CITY			STATE	ZIP	RES. PHONE				
	DATE OF LAST CONTACT		SOCIAL SECURITY NUMBER			OLN			PLACE OF BIRTH			BLOOD TYPE			
	MISCELLANEOUS INFO :														
STOLEN / VEHICLE	ORI/ WA0311900					VERIFY PHONE 425-407-3970									
	NO. 1	LICENSE NUMBER		STATE	VIN / HULL NUMBER 19ZFB2F50EE270766			YEAR 2014	MAKE Honda		MODEL Civic	STYLE 4DR			
	COLOR Blk		SPECIAL FEATURES / DESCRIPTION			VALUE IF STOLEN \$			REGISTERED OWNER'S PHONE 425-760-2687						
	REGISTERED OWNER'S NAME Marina Sugimoto					REGISTERED OWNER'S ADDRESS 9226 1 st ST SE, Lake Stevens									
	MILEAGE		DAMAGE TO VEHICLE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		IF YES: scrape on left front bumper										
	1	2	LICENSE PLATE(S)		Y <input type="checkbox"/> N <input type="checkbox"/> DELINQ. PAYMENT?		Stand <input type="checkbox"/> Auto <input type="checkbox"/>		TRANSMISSION		Y <input type="checkbox"/> N <input type="checkbox"/> OWNER REQUEST IMPOUND				
	Y <input type="checkbox"/> N <input type="checkbox"/> VEHICLE LOCKED		Y <input type="checkbox"/> N <input type="checkbox"/> THEFT INSURANCE?		Y <input type="checkbox"/> N <input type="checkbox"/> STEREO		Y <input type="checkbox"/> N <input type="checkbox"/> EVIDENCE HOLD								
	Y <input type="checkbox"/> N <input type="checkbox"/> IGNITION KEY IN VEH		Y <input type="checkbox"/> N <input type="checkbox"/> REGISTRATION		<input type="checkbox"/> ENTER VEHICLE LICENSE PLATE/S STOLEN				<input type="checkbox"/> ENTER VEHICLE STOLEN						
NARRATIVE	On the above date and time, Jordan Peou, reported he was involved in a hit and run collision. The collision occurred on SR 9 NE in the City of Lake Stevens. Peou was travelling southbound in the outside lane of travel. A white van was travelling in the inside lane of travel being driven by a white female with brown hair. The van unexpectedly veered to the right to enter the right turn off ramp onto SR 204. As the van entered Peou's lane of travel it struck the left front bumper of Peou's vehicle causing damage. The van did not stop and provide information as required by law. Peou believed he had the vehicle's license plate number. However, the provided plate did not match the vehicle description. Variations of the number were attempted but did not match the vehicle description.														
	Due to the lack of investigative leads this case is being closed in the files of this office. This case is subject to reopening pending further information and evidence that would identify any possible suspect/s.														
SIGNATURE	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT, (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I DO NOT AND DID NOT GIVE ANYONE PERMISSION TO TAKE OR REMOVE MY VEHICLE. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.														
	Initial () I HEREBY GRANT PERMISSION TO SEARCH THE ABOVE LISTED VEHICLE WHEN RECOVERED. THE SEARCH MAY EXTEND TO THE ENTIRE VEHICLE.														
	Initial () I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE														
<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE OF PERSON</div> <div>DATE</div> <div>LOCATION SIGNED</div> </div>															
OFFICER NAME / NUMBER K. Bernhard #120 <i>KB #120</i> APPROVED BY ENTERED															

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02635

VICTIM / WITNESS

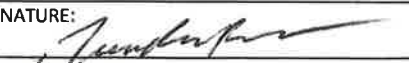
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Peou, Jordan Vichith	RACE A	ETH	SEX M	DOB 03-27-1999	AGE 14	HGT 5'4"	WGT 115	HAIR BLK	EYES BRN
STREET ADDRESS 9226 1st Street SE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425-760-7867			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS JordanPeou408@yahoo.com								

I, Jordan Peou, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving straight on South Hwy 9 and suddenly a white/silver vehicle on my left crossed in front of me swiftly and the back of her car scraped the front left side of my black car. As she crossed my lane, she went on the right lane near Burger King and ~~got~~^{tr} kept on going. I followed her just to get her license # and I went home after that to call my parents.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10/21/14	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: R. EDWARDS #20	DATE SIGNED 10-21-14	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>K. BERNHARD #120</i>	Case Number <i>14-02635</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>ACCIDENT H&R (A)</i>	Date/Time: <i>10-24-14 1712</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING

*Evi will be held until court dispo or when the Statute of Limitations has expired
*Found and Sfgk will be held for 60 days or 60 days past owner notification

Case # 14-02635

Item # <i>KB-1</i>	Item <i>PHOTO CD</i>		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber			(Further Description)			
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic			
Owner's Name <i>LSPD</i>					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber			(Further Description)			
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber			(Further Description)			
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber			(Further Description)			
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber			(Further Description)			
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

LSPD
ORIGINAL

ORIGINAL

Incident History for: #SS14020921

Case Numbers: \$SS14002635

Entered 10/21/14 14:54:32 BY SPCT04 SP0390

Dispatched 10/21/14 14:59:05 BY SPDP17 SP0339

Enroute 10/21/14 14:59:05

Onscene 10/21/14 15:16:04

Closed 10/21/14 15:38:50

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 3 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 605 91 AV NE ,LKS -- 7-11 ,LKS btwn MARKET PL & SR 204 (V)

Loc Info:

Name: SUGIMOTO, ROB

Addr: 9226 1 ST SE, LKS

Phone: 4257602687

/1454 (SP0390) ENTRY ,CC AT RP ADDRESS, 10 AGO, HIT N RUN, WHITE VAN
L/ARH4149, LSH SB SR 204, RP SON INVOLVED IN ACC
IDENT, CAME HOME AND TOLD RP
/1454 (SP0100) VIEWED PRI/3
/1458 (SP0339) AGCADV ,BCST
/1459 DISPER 19D3 [9226 1 ST SE]
#SS120 BERNHARD, OFFICER (KERRY)
/1516 (SS120) *ONSCNE 19D3
/1521 REMINQ 19D3 MDTVEH, ABH4149, , WA, , , , , , , , , ,
/1521 REMINQ 19D3 MDTVEH, ARM4149, , WA, , , , , , , , , ,
/1521 REMINQ 19D3 MDTVEH, ARN4149, , WA, , , , , , , , , ,
/1522 REMINQ 19D3 MDTVEH, ARH4148, , WA, , , , , , , , , ,
/1526 *MISC 19D3 , ALLSTATE POLICY #976666315. DEALER TEMP LICENCE
*
/1527 REMINQ 19D3 MDTWANT, PEOU, JORDAN, V, 032795, , , WA, , , , , , , , , ,
/1528 REMINQ 19D3 MDTWANT, , , , , , WA, PEOUJV050U7, , , , , , , , , ,
/1532 (SP0339) ASNCAS 19D3 \$SS14002635
/1537 (SS120) REMINQ 19D3 MDTVEH, ARH4149, , WA, , , , , , , , , ,
/1538 *CLEAR 19D3 D/H
/1538 CLOSE 19D3

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ORIGINAL